BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

32865T

| | | CLAII | IMS AS FILED - PART I (Column 1) (C | | | | SMALL EN | | | | OTHER THAN OR SMALL ENTITY | | |
|--|---|-----------------------------------|--|----------------------------------|--------|--|--------------------------------------|---------|--------------------|------------------------|----------------------------|---------------------|------------------------|
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE | 1 | RATE | FEE |
| B/ | ASIC FEE | | | | | | 1 | | 380.00 | OR | | 760.00 | |
| TOTAL CLAIMS | | | 32 minus 20= | | | * 12 | | | X\$ 9= | | OR | X\$18= | 216.00 |
| INI | DEPENDENT CI | LAIMS | 5 minus 3 = | | | • 2 | | | X39= | | OR | X78= | 156.00 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +130= | | OR | +260= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 113200 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | _ | SMALL | ENTITY | OR | OTHER SMALL | | |
| AMENDMENT A | ff | CLAII REMAII AFTI AMENDI | NING ER | | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 3 | (// | Minus | ** | 32 | = 4 | | X\$ 9= | | OR | X\$18= | 72 |
| | Independent FIRST PRESE | * - | | Minus | PENI | SENT CLAIM | | -[| X39= | | OR | XAS# | 168 |
| | 11101711202 | | 01 1110 | | 2140 | DENT OBAIN | | ' | +130= | | ÓR | +260= | |
| | | | | | | | | | TOTAL ODIT, FEE | | OR | TOTAL ADDIT, FEE | |
| | | (Colum | | | (0 | Column 2) | (Column 3) | | | . <u>-</u> | 1 | | |
| AMENDMENT B | | CLAII REMAII AFTE AMENDI | NING ER | | Pf | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | | Minus | DENI | | 2 | | X39= | | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +130= | | OR | +260= | |
| | | | | | | | | A | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | - |
| | | (Colum | | | | olumn 2) | (Column 3) | | | | | | |
| AMENDMENT C | | CLAI! REMAI! AFTE AMENDI | NING ER | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | • | | Minus | *** | · | = | l | X39= | | | X78= | |
| ` | FIRST PRESE | NTATION | OF MU | ILTIPLE DE | PEN | DENT CLAIM | | ╽┟ | | | OR | ∧/0= | |
| • | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +260= | |
| *** | If the "Highest Nu If the "Highest Nu The "Highest Nur | mber Previ mber Previ | ously Pa iously Pa | iid For' IN TH aid For' IN TH | IS SPA | ACE is less tha ACE is less tha | n 20, enter *20. In 3, enter *3.* | | TOTAL DDIT. FEE | | | TOTAL ADDIT. FEE | |
| | THE LIGHTEST KILL | IUST PTSVID | IJSIV PAL | uror (loxa) c | T INCA | edenoent) is the | בליתונת זכפתמות י | RE TOWN | nd in the en | vooriate bo | r in 👡 | uma 1 | |